

# WEST SUFFOLK COUNTY COUNCIL

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## ANNUAL REPORT

of the

## Medical Officer of Health

for the

## YEAR 1958

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D. A. McCRACKEN, M.D., D.P.H.



## WEST SUFFOLK COUNTY COUNCIL

Telephone No.

Bury St. Edmunds 1280

Westgate House,

Bury St. Edmunds.

To the Chairman and Members of the West Suffolk County Council.

Mr. Chairman, Ladies and Gentlemen,

I have the honour to present the Annual Report of the County Medical Officer of Health, dealing with the Health and Social Welfare Services of the County, for the year ended 31st December, 1958.

The health of the population has, judged by statistics and reports, again been satisfactory. The adjusted death rate of 10.6 shows an increase of 0.5 per thousand as recorded in 1957, and compares very favourably with 11.7 for England and Wales. The total number of live births registered was 2,042 as compared with 2,078 for 1957 giving an adjusted birth rate of 16.1 and 16.6 respectively. The still birth rate of 20.2 per related live and still births shows an increase of 0.4 on 1957. The infant mortality rate of 28.4 shows an increase of 5.3 over the rate for 1957. Both these rates are the only disturbing features of the vital statistics, and I am particularly concerned in the case of the infant mortality where the rate for the County exceeds that for the Eastern Region, where the rate is only 18.1. This adverse aspect of infant deaths is also brought to focus in considering the perinatal mortality, where the rate for the County was 37.7 as compared with 35.1 for England and Wales. There was only one death from all forms of tuberculosis recorded, and this is an all time record. This very low death rate shows the remarkable progress which has been made in the control, prevention and cure of tuberculosis, when one considers that it was only 25 years ago that the number of deaths ascribed to this disease totalled 72. The notification of new cases of tuberculosis has also shown a continuous downward trend because there were 133 new cases in 1934, whereas there were only 43 last year. The number of deaths from cancer of the lung shows a small reduction from 38 in 1957 to 33 in 1958.

During the past 10 years the services provided under the National Health Service Act, 1946 and the National Assistance Act, 1948, have shown a steady expansion in every sphere, and it now appears that during the next decade the scope of the work and the services provided to the people, will be further expanded by development of the domiciliary mental health service and that for physically handicapped people.

The disturbing feature of the Local Authority Health Service has been the failure to provide an adequate dental service. All attempts to provide a satisfactory service has been met by continuous frustration. Little has been accomplished in the dental care of mothers and young children by the Authority, in spite of much improved facilities in the surgeries and better financial rewards for dental surgeons. The Authority, in common with many others, has not been successful in attracting dental surgeons to the public service.

With the district nurse-midwives under a single control, instead of being employed by a number of independent associations, it has been possible in the interests of efficiency and economy, to re-organise their districts according to circumstances, when necessary. The Council has been fortunate in being able to maintain a full staff most of the time, but the filling of vacancies has only been possible when suitable housing was made available. In many case the District Councils have been helpful in allocating council houses for the use of nurses and the County Council has built three houses for double districts.

The number of school nurse/health visitors has increased during the decade, from 6 health visitors, 1 school nurse and 1 assistant, to 15 full-time and 2 part-time trained officers.

In 1953 the County took over the full control of the Ambulance Service which had hitherto been administered through the agencies of the British Red Cross Society, and for a small area, by the East Suffolk County Council. The ambulance control has been set up in the office of the County Health Department and an arrangement has been made with the Suffolk and Ipswich Fire Authority for emergency calls out of office hours to be transferred to their local depot and dealt with by the staff on duty there. The installation of radio-telephony in 1956 has added to the efficiency of the service by saving time and mileage. A certain amount of mileage in the Hospital Car Service has also been saved by the introduction of two dual purpose ambulances in addition to the private cars of voluntary drivers.

In 1948 The Suffolk County Joint Mental Health Board was set up to administer the mental health services in East and West Suffolk, but after four years' experience it was considered that the work could be carried out more efficiently and economically by the two County Councils in their own areas. The

Order was revoked in 1953, and the service has since been expanded and successfully developed under the new scheme. Throughout the period the shortage of institutional accommodation for the mentally defective has caused much hardship and the provision of more beds is still the most pressing need. The Council, therefore, welcomed the conversion of the British Legion Hospital at Nayland into a hospital for the mentally defective. The new scheme allowed for the establishment and maintenance of occupation centres as necessary, and it is hoped that the erection of an *ad hoc* centre for 40 children in Bury St. Edmunds, will be completed next year.

The Home Help service, which was started in a small way in 1949, has developed steadily, and is now providing a very useful service, particularly for old people and in maternity cases. At the end of 1949, 14 home-helps were being employed and 44 households had been helped during the year. At the end of 1958, 226 home-helps were being employed and 479 households had been helped during the year. By 1950 the work had increased so much that the superintendent of health visitors could no longer undertake the field work, and a voluntary part-time home-help organiser was appointed. When she left the County in 1954 it was decided that the field work should be undertaken by the health-visitors, who have local knowledge and are interested in the households concerned from various aspects. This system has proved most satisfactory and economical.

As the functions of the welfare officers have become better known to the public, their attention has been drawn to a larger number of aged and disabled people. An additional welfare officer was appointed in 1951. The teaching of handicrafts to disabled persons in their homes and the supervision of their work is now undertaken by an assistant welfare officer.

In 1948 the only "Part III" residential accommodation for old people in the County was at St. Mary's Hospital, a former Public Assistance Institution. Since then the County Council has adapted two large houses to be "Homes", one with 46 beds and one with 56 beds. A new "Home" of 58 beds, built specially for the purpose in Bury St. Edmunds, will be opened during 1959.

I gratefully acknowledge the help I have received from various voluntary bodies, district medical officers of health, general medical practitioners, the officers of the National Assistance Board and the Hospital Services. I wish to thank the Chairman and members of the Health Committee for the sympathetic attitude they have shown to the medical and welfare problems dealt with by the department, and for their continued encouragement. The professional and lay staff of the Department have worked conscientiously under high pressure during a year of continuous expansion in all branches of the services, and to each and all of them I am indeed indebted.

I have the honour to be,

Your obedient Servant,

D. A. McCRACKEN,

County Medical Officer of Health.

20th July, 1959.



## PUBLIC HEALTH OFFICERS OF THE AUTHORITY.

### *County Medical Officer of Health:*

D. A. McCracken, M.D., Ch.B., D.P.H.

### *Deputy County Medical Officer of Health:*

Miss A. J. Rae, M.R.C.S., L.R.C.P., D.P.H.

### *Assistant County Medical Officers:*

T. A. H. Smith, M.B., Ch.B.

G. P. Barclay, M.B., Ch.B., D.P.H.

P. Coggin Brown, M.R.C.S., L.R.C.P., D.P.H.

### *Chest Physician (Part-time).*

C. P. Hay, M.D., M.R.C.P.

### *Dental Surgeons:*

S. H. Pollard, L.D.S. (Principal)

J. Dewar, L.D.S. (Part-time)

R. E. Lee, L.D.S. (Part-time).

### *Superintendent Health Visitor:*

Mrs. M. P. Williams, S.R.N., S.C.M., H.V.Cert.

### *Supervisor of Midwives:*

Miss O. E. Payne, S.R.N., S.C.M., H.V.Cert.

### *Speech Therapist:*

Miss H. E. Kingston, L.C.S.T.

### *Food and Drugs Act:*

Chief Inspector—D. Thompson.

### *Welfare Officer for the Blind:*

Miss E. E. Bitchenor, B.A.

### *Welfare Officers:*

E. Brown, (from 1.4.58)

R. R. Meakins (to 15.3.58)

W. J. J. Tyrrell

J. Winstanley, Cert. R.M.P.A.

Miss W. Gamble (Assistant)

### *Administrative Officer:*

Miss D. L. R. Kilner

# SUMMARY OF VITAL STATISTICS, 1958.

Area of Administrative County .. .. .	390,916	acres
Population (Mid-year Estimate, 1958) .. .. .	126,900	
Rateable Value .. .. .	£1,139,202	
Estimated Product of a Penny Rate .. .. .	£4,625	

## Live Births:—

	<i>Male.</i>	<i>Female.</i>	<i>Total.</i>	<i>Rate Per 1,000 Population.</i>
Legitimate .. .. .	1,037	932	1,969	
Illegitimate .. .. .	45	28	73	
	<hr/> 1,082	<hr/> 960	<hr/> 2,042	<hr/> <b>16.1</b>

Percentage of illegitimate live births of TOTAL live births **3.7**

## Stillbirths:—

	<i>Male.</i>	<i>Female.</i>	<i>Total.</i>	<i>Rate per 1,000 Live and Still- births.</i>
Legitimate .. .. .	28	10	38	
Illegitimate .. .. .	2	2	4	
	<hr/> 30	<hr/> 12	<hr/> 42	<hr/> <b>20.2</b>

## Total Live and Stillbirths:—

	<i>Male.</i>	<i>Female.</i>	<i>Total.</i>
Legitimate .. .. .	1,065	942	2,007
Illegitimate .. .. .	47	30	77
	<hr/> 1,112	<hr/> 972	<hr/> 2,084

## Deaths:—

	<i>Male.</i>	<i>Female.</i>	<i>Total.</i>	<i>Rate Per 1,000 Population.</i>
(All causes) .. .. .	699	738	1,437	<b>11.3</b>

	<i>Female.</i>	<i>Total.</i>	<i>Rate per 1,000 live and still- births.</i>
Maternal (including abortion) ..	2	2	<b>1.0</b>

Infant (under one year):	<i>Male.</i>	<i>Female.</i>	<i>Total.</i>	<i>Rate per 1,000 related live births.</i>
Legitimate .. .. .	27	29	56	28.4
Illegitimate .. .. .	1	1	2	27.4
	<hr/> 28	<hr/> 30	<hr/> 58	<hr/> <b>28.4</b>

Neonatal (first four weeks):	<i>Male.</i>	<i>Female.</i>	<i>Total.</i>	
Legitimate .. .. .	18	18	36	
Illegitimate .. .. .	—	1	1	
	<hr/> 18	<hr/> 19	<hr/> 37	<hr/> <b>18.1</b>

## NATURAL AND SOCIAL CONDITIONS.

### Area.

There has been no change in the area of the Administrative County, which remains at 390,916 acres.

### Population.

The Registrar-General estimated the resident population for the mid-year to have been 126,900 persons, as compared with 125,300 in 1957.

The natural increase in population, i.e. the excess of registered live births over deaths, totalled 647 persons as compared with 733 in 1957. The number of marriages registered was 839.

### Mortality.

The total number of deaths assigned to the County by the Registrar-General, after adjusting for outward and inward transferable deaths, was 1,437 (males, 699; females, 738) as compared with 1,345 in 1957. The crude total death rate, based on the mid-year estimated population was 11.3, as compared with 10.7 in 1957. Lists of the causes of death are classified according to the Abridged List of the International Statistical Classification of Diseases, Injuries and Causes of Deaths, 1948, as used in England and Wales, and are given in the Table on page 6. Comparability factors for each Urban and Rural District have been provided by the Registrar-General for adjusting the local birth and death rates. These comparability factors, making allowance for age and sex distribution of the population, are handicaps to be applied to the several areas, and when multiplied by the crude birth and death rates experienced in the area, modify the latter, so as to make them comparable with other rates, which have been similarly adjusted.

Heart diseases and other circulatory diseases accounted for 41.4 per cent of all deaths whilst cancer and vascular lesions of the nervous system were responsible for 16.1 per cent. and 14.5 per cent. respectively. The number of deaths attributable to tuberculosis was 1 as compared with 6 for 1957. The mortality from zymotic diseases as a whole was low.

The adjusted death rates for 1954-1958 with those for England and Wales for comparison, are:—

		1954	1955	1956	1957	1958
West Suffolk	..	10.0	9.8	11.2	10.1	10.6
England and Wales	..	11.3	11.7	11.7	11.5	11.7

### Live Births.

The number of live births assigned to the County was 2,042 (1,082 males; 960 females), as compared with 2,078 in 1957. This was equivalent to a crude birth rate of 16.1 as compared with 16.6 for the previous year. The following table shows the trend of the adjusted birth rates for 1954-1958 together with the national rates for comparison:—

		1954	1955	1956	1957	1958
West Suffolk	..	17.3	16.6	17.2	18.3	17.7
England and Wales	..	15.2	15.0	15.6	16.1	16.4

### Stillbirths.

The number of stillbirths registered was 42, giving a rate of 20.2 per thousand related live and stillbirths as compared with 21.6 for England and Wales. The rates for the quinquennium 1954-58 together with those for the country as a whole are as follows:—

		1954	1955	1956	1957	1958
West Suffolk	..	31.9	26.0	19.1	18.9	20.2
England and Wales	..	23.5	23.2	22.9	22.5	21.6

### Infant Mortality.

The number of infants who died before attaining their first birthday was 58 (28 males and 30 females) as compared with 48 in 1957. The rate per thousand related live births was 28.4 as compared with 23.1 for the previous year. The rates for 1954-58 together with these for England and Wales are as follows:—

		1954	1955	1956	1957	1958
West Suffolk	..	28.7	25.7	25.6	23.1	28.4
England and Wales	..	25.4	24.9	23.7	23.1	22.5

### Neonatal Mortality.

This sub-division of the infant mortality rate includes all children who die within 28 days of independent existence. The neonatal death rates per thousand live births 1954-58 were:—

		1954	1955	1956	1957	1958
West Suffolk	..	23.6	20.4	18.8	15.9	17.8
England and Wales	..	17.7	17.3	16.8	16.5	16.2

Estimated Populations, Birth Rates, Death Rates and Deaths Classified according to causes

DISTRICT	Population	Crude Birth Rate	Adjusted Birth Rate	Crude Death Rate	Adjusted Death Rate	Tuberculosis respiratory	Tuberculosis other	Syphilis	Diphtheria	Whooping-cough	Meningococcal infections	Acute poliomyelitis	Measles	Other infective and parasitic diseases	Malignant neoplasm of stomach	Malignant neoplasm of lung, bronchus	Malignant neoplasm of breast	Malignant neoplasm of uterus	Other malignant and lymphatic neoplasm	Leukaemia, Atelekaemia	Diabetes	Vascular lesions of nervous system	Coronary disease, Angina	Hypertension with heart disease	Other heart diseases	Other circulatory diseases	Influenza	Pneumonia	Bronchitis	Other diseases of respiratory system	Ulcer of stomach and duodenum	Gastritis, enteritis and diarrhoea	Nephritis and nephrosis	Hypertplasm of prostate	Pregnancy, childbirth abortion	Congenital malformation	Other defined and ill-defined diseases	Motor vehicle accidents	All other accidents	Suicide	Homicide and operations of war	All causes	
<i>Borough and Urban Districts—</i> Bury St. Edmunds	21,570	16.7	17.2	13.0	12.0			3						1	7	7	7	2	17	1	4	52	43	9	46	11		9	10	3			2	2	1		36	1	5	1		280	
Hadleigh	3,270	14.4	15.6	15.0	14.1										2		1		4			6	8	3	7	4		2	7					1		3		1			49		
Haverhill	4,540	16.3	16.0	12.8	11.3										4	1	2		6			8	8	2	12	1	1		6				1			5						58	
Newmarket	11,200	14.6	14.5	13.8	13.9											4	1	1	11	1	1	22	31	4	25	5		8	6	2	1	2	1	1	1	2	16	3	4	2		155	
Sudbury	6,230	15.7	15.5	17.8	11.9	1		1							1	2	5	1	1	12		2	19	15	4	15	8		6	3	1				1	1	1	8	1	1	1		111
Totals	46,810	15.9	17.5	14.0	12.5	1		4						2	15	17	12	4	50	2	7	107	105	22	105	29		1	31	26	6	2	4	6	3	2	2	68	5	11	4		653
<i>Rural Districts—</i>																																											
Clare	9,280	12.2	14.8	11.2	9.6										5		1	1	5			2	16	15	4	25	5	1	8	4	1	1	2			1	3	1	2			104	
Cosford	9,420	11.3	12.9	13.0	10.5										5	2	6		13	1		14	27	3	18	5	1	5	6	1	1	1			2		5	1	3	2		122	
Melford	12,800	14.2	14.2	12.0	10.6										7	1	1	1	17			2	15	24	3	37	7		9	5	2	1	3	1	3	1	9		2	2		153	
Mildenhall	19,120	21.2	25.4	6.7	8.6									1	1	3	5		9	1		15	24	3	17	12		4	2	4	1	1	1		2	16	1	2	3		128		
Thedwastre	8,990	17.0	19.2	10.2	9.2										4	4	5	1	8			1	10	15	2	15	1	2	2	1	1			3		12	3	1			91		
Thingoe	20,480	16.6	18.8	9.1	9.0										3	6	1	3	16			31	33	9	21	9		7	10			3	1	2	3	20	3	5			186		
Totals	80,090	16.2	18.5	8.7	8.4									1	25	16	19	6	68	2	5	101	138	24	133	39		2	35	29	9	8	8	7	9	4	65	9	15	7		784	
Grand Totals	126,900	16.1	17.7	11.3	10.6	1		4						3	40	33	31	10	118	4	12	208	243	46	238	68		3	66	55	15	10	12	13	12	2	6	133	14	26	11		1437

Cancer



The neonatal deaths are the hard kernel of infant mortality and the further reduction of the rate is beset with many difficulties, operating before birth, during parturition and in the immediate post-natal period. The problem calls for further research in the care of the newborn, and the provision of more specialised facilities for the nursing care of premature babies.

**Perinatal Mortality.**

This is the term used to determine the combination of stillbirths with deaths occurring during the first week of life. This rate is an indication of birth loss due to circumstances during pregnancy and events during labour and delivery. The following are the rates per thousand live and still-births for 1954-58 together with those for England and Wales:—

	1954	1955	1956	1957	1958
West Suffolk . . . . .	43.2	45.9	37.7	34.5	37.7
England and Wales . . . . .	38.1	37.4	36.7	36.2	35.1

**Survey**

During March, April and May, a National Survey of perinatal mortality was arranged by the National Birthday Trust Fund and questionnaires were completed by the midwives on all still-births, and neonatal deaths occurring in these months. During the week 3rd-9th March (the control week), an eight page questionnaire was completed by the midwives concerned in respect of every birth occurring in this week. The total number of questionnaires completed was 67.

**Maternal Mortality.**

Two deaths were assigned to puerperal causes or other conditions associated with childbirth.

**CARE OF MOTHERS AND YOUNG CHILDREN.**

**Health Visitors.**

A health visitor was appointed in October, and the full establishment was again reached after more than a year. Three health visitors attended the Refresher Courses arranged by the Women Public Health Officers' Association. The total number of visits made by health visitors was as follows:—

Children under 1 year . . . . .	12,819
„ between 1 and 2 years . . . . .	6,217
„ between 2 and 5 years . . . . .	11,244
Expectant mothers . . . . .	665
Other cases . . . . .	3,701
	<hr/>
	34,646

In addition 2,876 ineffective visits were made, owing to failure to contact the person intended or a responsible representative.

The number of visits to children aged 2-5 years have decreased while those paid to expectant mothers and "other cases" again show a rise. Owing to the shortage of hospital midwives, increasing use has been made of the health visitor's report as a deciding factor as to whether or not the home conditions of the mother warrant a hospital confinement. The increase in the number of visits to "other cases" is accounted for by the widening demand for Home Help Service.

Advantage has again been taken of the facilities offered for the attendance of health visitors at the Children's Ward of the West Suffolk General Hospital during the ward rounds of Dr. R. M. Mayon-White, the Consultant Paediatrician.

In the course of their duties the health visitors have taken out each of the third year student nurses from the West Suffolk General Hospital for a day to give them an insight into the work of a health visitor.

**Child Welfare Centres.**

At the end of the year there were 29 centres including three at R.A.F. Aerodromes. One centre was discontinued as there was a decline in the number of babies in the area and two new centres were started in districts where there was a growing population on new housing estates. A further centre was also started on an aerodrome owing to the increase in the number of wives and children of the service personnel.

The total number of children who attended was 3,136. Of these, 1,122 were under one year of age, representing 54.5 per cent. of the total registered live births. The total number of attendances was 18,935, including 11,714 made by children under one year of age.

The health visitors assisted at the service centres provided by the R.A.F. for the wives and children of Servicemen, that at Honington being held weekly, Beck Row, fortnightly and Stradishall, monthly.

**Birth Control Clinics.**

The arrangements are still in force whereby West Suffolk patients recommended by the County Medical Officer, attend the County Borough of Ipswich Clinic at Allington House, Ipswich.  
The following attendances were made:—

First attendances 29; Re-visits 3.

In addition to the Stowmarket Family Planning Clinic, which is attended by appropriate West Suffolk patients, the Family Planning Association started a Clinic in Bury St. Edmunds in September, which is being held three times monthly. Thirty-seven patients made 67 attendances up to the end of the year and 19 appointments were made for the Stowmarket Clinic.

**Maternity and Nursing Homes.**

There are no registered Homes in the County.

**Nurseries and Child-minders Regulations Act, 1948.**

One of the nurseries closed during the year. At the end of the year the number of registered premises was three and the number of children for whom accommodation was provided was 72.

**Medical and Dental Examination of Children in the Care of the County Council.**

The arrangement was continued for the regular inspection, by the Medical and Dental Officers, of all children in the County in the long term care of the County Council. These facilities were also available for children boarded out in the County by the East Suffolk County Council.

**Dental Care.**

The following is the report of Mr. S. H. Pollard, the Principal Dental Officer:—

“It is with regret that I report once again that owing to the shortage of Dental Officers it has not proved possible to implement the scheme for the dental care of the ‘priority classes’ which was drawn up some ten years ago.

As in previous years, a small number of expectant and nursing mothers and children under school age have been treated. The majority have attended the dental clinics at Bury St. Edmunds and Sudbury.

There is no indication at present of any possibility of improvement in the staffing position. The outlook for the future therefore remains unchanged.”

NUMBERS PROVIDED WITH DENTAL CARE.

	<i>Examined</i>	<i>Needing Treatment</i>	<i>Treated</i>	<i>Made Dentally Fit</i>
Expectant and Nursing Mothers	11	11	11	8
Children under five . . . . .	32	24	23	15

FORMS OF DENTAL TREATMENT PROVIDED.

	<i>Exts.</i>	<i>Anaesthetics General</i>	<i>Fil- lings</i>	<i>Scalings or Scaling and gum treat- ment</i>	<i>Silver Nitrate treat- ment</i>	<i>Miscel- laneous operations</i>	<i>Radio- graphs</i>	<i>Dentures provided</i>	
								<i>Com- plete</i>	<i>Partial</i>
Expectant and Nursing Mothers	15	4	13	—	—	27	—	3	5
Children under five	31	26	11	—	21	36	—	—	—

**Speech Therapy.**

A Speech Therapist, Miss H. E. Kingston, was appointed in September.

**Care of Unmarried Mothers and their Children.**

The arrangements with the St. Edmundsbury and Ipswich Diocesan Moral Welfare Association were continued. Twenty-seven cases were referred to the Association and reports were received from the moral welfare worker. The County Council accepted financial responsibility for the maintenance of 11 unmarried mothers in suitable Homes. A grant of £200 was paid to the Association.



Care of Premature Infants.

A total of 114 premature births was recorded. Of the 33 infants, who were born at home 24 were nursed entirely at home, the remainder being transferred to hospital. All the infants born at home survived the first month, whilst of the 81 born in hospital 62 survived the first month. Two specially equipped cots were available, on loan, for domiciliary cases.

Prevention of Break-up of Families.

The health visitors paid particular attention to the twenty-seven "problem families" on their lists. In eleven of these cases improvement was noted. Co-operation was maintained with other workers interested, and several case conferences were called under the Chairmanship of the County Medical Officer when problems were discussed by health visitors, children's officers, the inspector of the National Society for the Prevention of Cruelty to Children, housing officers and the Area Officer of the National Assistance Board.

One case, in particular, is worthy of note. The family had been known to the Department for some years. The father was unreliable, frequently unemployed and had twice been in prison for short periods. The mother had had seven babies within six years and the home conditions were poor and squalid. They had been evicted for non-payment of rent in a rural district and had been found a house in Bury St. Edmunds, from which they were subsequently evicted. The second eviction coincided with the father's second term of imprisonment, and the mother and children were therefore admitted to temporary accommodation in St. Mary's Hospital, where they had to remain for some months, as continual attempts to re-house them were ineffective. Eventually employment for the man and a house were obtained in another county district, through the help of Inspector Watkins of the National Society for the Prevention of Cruelty to Children. Some furniture was supplied by the British Red Cross Society and the Children's Officer took three of the children into care for a time to enable the mother to establish herself in the new home. To avoid a multiplicity of social workers' visit, it was agreed that the health visitor only should follow-up the case, and her reports have been most encouraging. The father has retained his job and cultivated his garden and the mother has taken a pride in her home and made an effort to maintain it and her children in a reasonable condition. The family are now united, and, according to the latest reports, with the frequent advice and encouragement of the health visitor, they are keeping up to their new standard.

Distribution of Welfare Foods.

National Foods.

The main centres at Bury St. Edmunds, Mildenhall, Newmarket, Hadleigh, Haverhill and Sudbury continued to function. At 31st December there were 88 voluntary distribution centres.

During the year the following issues were made:—

CENTRES	COMMODITY			
	National Dried Milk	Cod Liver Oil	Vitamin A. & D. Tablets	Orange Juice
	Tins	Bottles	Packets	Bottles
MAIN				
Bury St. Edmunds .. .. .	8,202	1,848	1,661	16,085
Mildenhall (closed 31.12.58) .. ..	1,181	345	291	3,034
Newmarket .. .. .	3,379	698	677	6,790
Hadleigh (closed 31.10.58) .. ..	751	211	139	1,349
Haverhill .. .. .	1,372	354	371	3,540
Sudbury .. .. .	2,099	522	515	4,779
TOTAL .. .. .	16,984	3,978	3,654	35,577
VOLUNTARY .. .. .	20,656	4,130	1,844	26,981
TOTAL ISSUES .. .. .	37,640	8,108	5,498	62,558
TOTAL ISSUES (1957) .. .. .	52,159	13,378	5,648	97,587

Once again I would like to record my appreciation of the work done by the voluntary distribution centres.

The decline, noted last year, in the demand for foods continued. This applies particularly to National Dried Milk and Orange Juice where the reduction was 27.8% and 35.8% respectively as compared with the previous year. The age restriction is undoubtedly responsible for the decreased figures of Orange Juice; it is not now available to children over two years of age, and this is the first full year since this became effective. As regards National Dried Milk, however, this is I feel due to the fact that mothers can obtain proprietary dried milk at the same price as National Dried Milk. Welfare Food tokens thus released can be used to purchase liquid milk for the family at concessional rates.

**Proprietary Foods.**

These foods are available through child welfare centres and health visitors. The following were issued:—

A. & D. Liquid	..	..	2,805 vials
Bemax	..	..	128 packets
Lactogol	..	..	285 packets
Maltoline	..	..	449 jars
Marmite	..	..	1,797 tins
Rose Hip Syrup	..	..	2,654 bottles
Cereal Food	..	..	1,300 packets

Health visitors continued to issue concessional vouchers for the purchase of infant milk foods.

**MIDWIFERY AND HOME NURSING.**

**Midwifery.**

The number of midwives who had given notice of their intention to practise in the County by 31st December, 1958 was 58. The numbers of cases attended was as follows:—

County Domiciliary Midwives	..	..	..	761
Private Domiciliary Midwives	..	..	..	—
Institutional Midwives	..	..	..	1,349
				<hr/> 2,110 <hr/>

**Domiciliary Service.**

On 31st December, 43 nurses were employed:—

Queen's Nurse-Midwives	..	..	..	14
Other District Nurse-Midwives	..	..	..	29

These numbers include three part-time relief nurse. Medical aid was called by midwives in 88 cases, in 85 of which the medical practitioner concerned had undertaken to attend the patient under the National Maternity Medical Services Scheme.

Gas and air analgesia was administered to 532 women and Trilene to 109 women. A doctor was not present at the time of delivery in 472 of these cases. The total of 641 represents 84.2 per cent. of all domiciliary cases. Pethedine was administered in 398 cases.

In addition to home confinements, domiciliary midwives visited 285 cases who were delivered in hospitals and discharged before the 14th day.

**Sterilised Maternity Outfits**—Eight hundred and two packs costing 11/10d. each were supplied free for domiciliary confinements.

**Post-Graduate Training**—Five District Nurse-Midwives attended a Post-Graduate Course, arranged by the Royal College of Midwives at Newnham College, Cambridge, and four at the University College, London.

**Antenatal Care.**—This service was maintained along the lines described in the 1957 Annual Report.

**Home Nursing.**

The Home Nursing Service was carried out by the district nurse-midwives. The number of patients attended was 4,404 and the number of visits paid totalled 70,781.

A large proportion of the children who were ill were admitted to the children's ward of the local hospitals. Those nursed at home numbered 321, of whom 184 were under 5 years of age and 137 were between 5 and 15 years, the number of visits paid by the district nurses to them being 866 and 660 respectively.

The use of antibiotics, and the consequent number of special visits continued to increase. The numbers of injections given are as follows:—

Drug.					General Nursing	Special Visits.	Total.
Penicillin	..	..	..	..	308	1,087	1,395
Mersalyl	..	..	..	..	441	5,693	6,134
Streptomycin	..	..	..	..	20	1256	1,276
Insulin	..	..	..	..	973	11,709	12,682
Others	..	..	..	..	555	4,339	4,894
TOTAL	..	..	..	..	2,297	24,084	26,381



AMBULANCE SERVICE.

Year	Grand Total		Ambulances		Sitting Case Cars		Taxis		Railway	
	Patients	Mileage	Patients	Mileage	Patients	Mileage	Patients	Mileage	Patients	Mileage
1954	38,580	445,196	13,116	146,411	25,362	290,641	2	24	100	8,120
1955	42,283	466,716	15,060	143,151	27,144	317,334	4	54	75	6,177
1956	37,484	424,033	12,955	135,258	24,423	281,109	9	695	97	6,971
1957	36,039	430,466	10,991	129,735	24,958	295,915	8	109	82	4,707
1958	41,670	471,905	13,620	129,505	27,907	334,460	5	65	138	7,875

The average miles run per patient was 11.3 compared with the national average of 10.4 for the less urbanised counties. The comparative figures for 1957 were 11.9 and 10.5.

Ambulances.

The total mileage run is a very slight decrease of 0.2 per cent. on 1957. The average number of miles run per patient was 9.5 compared with 10.1 for the previous year.

Sitting Case Cars.

These figures, which include both the Council’s dual purpose vehicles and the Hospital Car Service, show an increase of 13 per cent. on 1957. The average number of miles per patient was 11.9 compared with last year’s average of 11.4.

Taxis.

As I have remarked on previous occasions, this form of transport is kept to a minimum. It is used mainly for transporting school children where an ambulance is not required, but where treatment is involved.

Railway.

The number of patients transported by these means is increasing. As in other years I feel it is fitting to pay tribute to both the staff of the British Transport Commission and to the London Ambulance Service, who are involved in inter-termini transport. The arrangements work smoothly and both patients and escorts comment in appreciative terms of the helpful attitude of the railway staff.

Ambulance Control.

The Suffolk and Ipswich Fire Authority, through its Divisional Control, Bury St. Edmunds, continued to man the Ambulance Control outside normal office hours.

Radiotelephony.

The 24 hour radiotelephony watch continued. As I have remarked previously the equipping of the ambulances has resulted in a much more easily adaptable service.

Hospital Car Service.

There were 45 registered drivers on 31st December. This service is an invaluable adjunct to the directly provided service; the registered drivers continued to perform their acts of individual kindness to the patients they conveyed to and from the Hospital.

PREVENTION, CARE AND AFTER CARE.

Tuberculosis.

The arrangements for the supervision of tuberculous patients continued. The number of notified cases of tuberculosis on the register at the end of 1958 was:—

Pulmonary.			Non. Pulmonary.			Total Cases.
Male.	Female.	Total.	Male.	Female.	Total.	
194	208	402	29	36	65	467

Particulars of new cases of tuberculosis and of all deaths from the disease are shown below:—

NEW CASES.					DEATHS.				
Age Periods	Pulmonary		Non- Pulmonary		Age Periods	Pulmonary		Non- Pulmonary	
	M.	F.	M.	F.		M.	F.	M.	F.
0	—	—	—	—	0	—	—	—	—
— 1	—	1	—	—	— 1	—	—	—	—
— 2	—	1	—	—	— 5	—	—	—	—
— 5	—	—	1	—	— 10	—	—	—	—
— 10	—	1	—	—	— 15	—	—	—	—
— 15	1	1	—	—	— 20	—	—	—	—
— 20	—	2	—	2	— 25	—	—	—	—
— 25	2	3	—	—	— 35	—	—	—	—
— 35	5	2	—	—	— 45	—	—	—	—
— 45	2	1	—	—	— 55	—	—	—	—
— 55	6	3	1	—	— 65	1	—	—	—
— 65	3	1	—	1	— 75+	—	—	—	—
75+	—	1	—	2					
TOTALS	19	17	2	5	TOTALS	1	—	—	—

The total primary notifications of tuberculosis amounted to 43 (36 pulmonary, 7 non-pulmonary), as compared with 60 in 1957. The notification rate of pulmonary and non-pulmonary tuberculosis was 27 and 6 per 100,000 of the population respectively. The number of deaths represented 0.07 per cent. of all deaths, and was the lowest ever recorded in this County.

The incidence and mortality rate of pulmonary tuberculosis has shown a decline over the past 20 years. In 1956 the County had the lowest incidence of any Local Health Authority for the country—namely 22 per 100,000—whereas this year the rate has shown an increase to 38, and this year it is reduced to 28. Since returns for a particular year may be misleading it is more valuable to consider the average figures for the past five quinquennial periods:—

Period	Rates per 100,000			
	Incidence		Deaths	
	Pulmonary	Nonpulmonary	Pulmonary	Nonpulmonary
1939-43	76	31	38	10
1944-48	84	28	26	8
1949-53	66	16	15	4
1954-58	33	8	5	0.5

During the past 20 years for every 100,000 of the population the incidence rate of the disease in its pulmonary form has been reduced from 76 to 28, whereas the death rate has been reduced from 48 to 1. In the case of non-pulmonary infection the incidence and death rates for the same periods diminished from 25 to 6 and from 8 to nil, respectively. Statistical details of notifications, deaths, and mortality expressed as a percentage of the total deaths are given in Tables I—III in the appendix.

#### Examination of Contacts.

219 contacts were invited for examination and of this number 211 were examined by the Chest Consultant. The average number of contacts examined for each new case reported was five.

#### B.C.G. Vaccination.

124 children were protected by B.C.G. vaccination.

#### After-Care and Rehabilitation.

Seven patients suffering from tuberculosis were provided with additional nourishment in the form of extra milk.

A total of 833 domiciliary visits were made by the Health visitors, who work in close liaison with the Consultant Chest Physician.

#### Care of the Aged Population.

There are many old people who live in their own homes, either alone or in couples, and for many this is only made possible by the help which they receive from district nurses, home helps, welfare officers and Voluntary Organisations.

The district nurses, who generally are known to these old people, receive frequent calls from them for advice and help. When nursing care ceases to be necessary, it is quite usual for the nurse to call again, when passing, to see how the erstwhile patient fares. Where necessary the nurses refer the old people to the Health Department for further visits from health visitors or welfare officers.



The ever growing Home Help service is now widely used by the elderly, who in fact represent nearly 70 per cent. of these helped. The service relieves those who, through infirmity are unable to manage all their own housework and prevents their homes becoming neglected and dirty. It is known that many home helps, who take a kindly interest in the old people they assist, spend much more time with them than is officially allowed, giving the extra time voluntarily.

The assessment of the needs of those requiring the Home Help service is made by the health visitors, who also interview, and often find the helpers. Thus when health visitors are dealing with households needing the Home Help service and pay routine visits in connexion with the service, they are also able to consider the health needs of the family as a whole.

The work of the voluntary organisations that contributes to the happiness, and therefore, to the well being of old people, is dealt with in a later section of this report.

### **Recuperative Holidays.**

Arrangements were made for 24 persons to have recuperative holidays as follows:—six debilitated women to the Suffolk Convalescent Home, Felixstowe, six middle-aged or elderly women to St. Michael's Convalescent Home, Clacton, including one suffering from osteo-arthritis, one with an old dislocated shoulder, one with asthma and one with severe arthritis, a mother of five children on the verge of a mental break-down to the Women's Voluntary Service Home, Dallington, Northampton; a woman badly crippled with arthritis to the Carmel Court Convalescent Home, Birchington; a woman who was "run down" looking after a sick husband to Maitland House, Frinton-on-Sea and nine debilitated children to the Middlesex Hospital Convalescent Home, Clacton.

### **Medical Loan Depots.**

This service, which is carried out by the British Red Cross Society on behalf of the County Council, continues to fulfil a useful purpose and is much appreciated by the patients and the district nurses. It is reported by the County Secretary of the British Red Cross Society, that the general demand for medical loan articles continues to increase as the depots become more widely known. The Council made a grant of £100 to the Society.

## **MENTAL HEALTH SERVICE.**

### **Administration.**

#### *(a) Constitution of the Mental Health and General Purposes Sub-Committee.*

The Committee consists of eighteen members of the Council. There are no co-opted members. Meetings are held quarterly.

#### *(b) Staff.*

The County Medical Officer is responsible for the day to day administration of the service.

#### *(c) Co-ordination with Regional Hospital Board and Hospital Management Committees.*

There was continued co-operation between the Department and the East Anglian Regional Hospital Board, the Hospital Management Committees in the area, and individual Hospitals. Three members of the Council and the County Medical Officer are Members of the Suffolk Mental Hospital Management Committee. Home circumstances reports were supplied to Hospitals and after-care visiting of patients discharged from Hospitals was carried out.

#### *(d) Duties delegated to Voluntary Associations.*

No duties have been delegated to Voluntary Associations.

#### *(e) Training of Mental Health Workers.*

No officer attended a training course.

## **2. Account of Work Undertaken in the Community.**

Liaison between St. Audry's Hospital, St. Clement's Hospital and Fulbourn Hospital, and the Department upon patients' discharge to the community, was continued and enabled follow-up visits to be made to those patients who might benefit from, and were willing to receive, after-care. In this connection the administrative and field staff have been in active and in daily touch with the various statutory and voluntary agencies in the area. All types of problems, both domestic and psychiatric have been dealt with, and it is believed that some patients have received positive help toward re-establishing themselves in the community, but after-care visiting could not prevent some patients from relapsing and re-entering hospital. During the year 104 after-care visits were paid to 70 patients.

So far as the prevention of mental illness was concerned, every effort was made, in association with family doctors and the staffs of other agencies, to visit, help and advise in the early stages of mental breakdown. In this field 29 visits were paid to 25 patients. Patients' own unawareness of their condition, or perhaps reluctance to admit it, was partly responsible for the difficulty of expanding activities and for paying visits during the very early stages of mental illness.

Mental defectives were visited regularly, and relatives, advised as to their welfare. Temporary hospital care was arranged for a few cases, mainly for those on the waiting list for long-term hospital care. Temporary care was rather more difficult to arrange than previously. The unemployment position

in the County resulted in a few employable defectives being without work for periods. Whilst close liaison was maintained with the local offices of the Ministry of Labour, it was difficult, and in a few cases impossible, to find alternative work for these patients. The importance of the work among mental defectives was, if anything, increased by reason of the greater number of defectives under order in hospitals being either sent on licence or discharged to the community.

*Lunacy and Mental Treatment Acts, 1890-1930.*

The following patients are known to have been admitted to Mental Hospitals:—

<i>Type of Case.</i>						<i>Number</i>		<i>Percentage of Total Admissions.</i>
						M.	F.	T.
Certified cases admitted directly .. ..						15	17	32
Temporary cases .. ..						—	1	1
Voluntary cases admitted directly .. ..						86	100	186
Cases removed under Section 20 and later:								
(a) admitted as Certified patients .. ..						—	1	1
(b) admitted as Voluntary patients .. ..						17	26	43
(c) died .. ..						1	—	—
Cases removed under Section 21 and later:								
admitted as Voluntary patients .. ..						—	3	3
						119	148	267
								100.0

The following table gives the numbers by age groups of certified patients admitted:—

<i>Age Group.</i>						M.	F.	T.
Under 20 .. ..						—	—	—
20—29 .. ..						3	—	3
30—39 .. ..						1	4	5
40—49 .. ..						4	3	7
50—59 .. ..						1	1	2
60—69 .. ..						3	1	4
70—79 .. ..						2	5	7
80 and over .. ..						1	3	4
						15	17	32

Duly Authorised Officers were engaged in 113 cases. There were 267 admissions as compared with 237 for 1957. The Certified patients directly admitted totalled 12.0 per cent. compared with 8.0 per cent. for 1957.

*Mental Deficiency Acts, 1913-38.*

(i) Cases.

The number of ascertained cases on the Register at 31st December was 570.

<i>In Hospitals.</i>						M.	F.	T.
Etloe House, Leyton .. ..						—	1	1
Harperbury Hospital .. ..						1	—	1
Little Plumstead Hospital .. ..						12	13	25
Monkton Hall, Jarrow .. ..						1	—	1
Moss Side Hospital .. ..						—	2	2
Rampton Hospital .. ..						2	—	2
Risbridge Home, Kedington .. ..						40	37	77
Riversfield Home, St. Neots .. ..						5	2	7
Royal Eastern Counties Hospital .. ..						45	37	82
St. James's Hospital, Saffron Walden .. ..						—	1	1
St. Joseph's Home, Sudbury .. ..						—	5	5
St. Mary's Convent, Roehampton .. ..						—	4	4
Stoke Park Hospital, Stapleton .. ..						1	4	5
						107	106	213
<i>Community Cases under Supervision.</i>								
Under Licence (including other Authorities' cases) .. ..						2	4	6
Under Statutory Supervision .. ..						88	86	174
Under Voluntary Supervision .. ..						18	24	42
						108	114	222



<i>Cases otherwise Ascertained.</i>				M.	F.	T.
In St. Mary's Hospital, Bury St. Edmunds	..	..	..	7	11	18
In Walnuttree Hospital, Sudbury	..	..	..	—	2	2
In Mental Hospitals	..	..	..	6	4	10
Community cases known not to be under supervision so far as is known living in the County	..	..	..	59	46	105
				72	63	135
Total number of cases on Register	..	..	..	287	283	570

(ii) *Ascertainment.*

	M.	F.	T.
(a) Cases reported under Education Act, 1944, Sect: 57 (3)	2	2	4
(b) Cases reported under Education Act, 1944, Sect: 57 (5)	2	1	3
(c) Cases reported by Police or Courts	—	—	—
(d) Cases reported from other sources	3	1	4
(e) Cases reported who were found to be defectives but were not regarded as "subject to be dealt with" on any ground	2	—	2
<i>Ascertainment Rate 4.49 per 1,000.</i>	10	4	13

(iii) *Licence.*

Six patients from hospitals were being supervised at the end of the year

(iv) *Supervision.*

Health visitors were mainly responsible for visiting female and child patients, while adult males and youths were visited by male welfare officers. Some 450 visits were paid to patients under statutory supervision, and 140 to those under voluntary supervision. Five patients were removed from supervision in view of their social stability. Generally, responsible relatives appreciated efforts made to help patients.

(v) *Admissions to Hospitals.*

For the first time patients were admitted to hospitals for long-term care without using the compulsory procedures under the Mental Deficiency Acts. Eight patients were admitted "informally" under the terms of Ministry of Health Circular 258, which provided administrative authority to implement one of the recommendations of the Royal Commission on the law relating to Mental Illness and Mental Deficiency, contained in their report of 1957. One patient was admitted under a "Place of Safety" Order.

At 31st December there were 20 patients on the hospital waiting list, 12 of whom were considered to be in very urgent need of hospital training.

(vi) *Home Training.*

During the year 20 defectives received diversionary therapy.

### 3. Ambulance Service.

The transport of patients to Mental Hospitals was shared between the Ambulance Service and officers' own cars.

### DOMESTIC HELP.

This service has continued to expand. At the end of 1958 the number of enrolled helpers was 379 of whom 226 were employed, as compared with 292 enrolled helpers of whom 183 were working at the end of 1957.

The number of households being assisted at the end of the year was 294 as compared with 222 at the end of 1957.

The households assisted during the year were:

Maternity	..	..	..	..	..	27
Tuberculous	..	..	..	..	..	8
Chronic Sick, including Aged and Infirm	..	..	..	..	..	354
Others	..	..	..	..	..	90
						479

In 136 of the households assisted during the year, help began prior to 1958, this number including 3 tuberculous cases, 105 chronic sick cases, including aged and infirm, and 28 others.

It will be noted that the number of "Other" households assisted has increased. In this category are such cases as the mother of a young family who is taken ill and has no relative to call on, and in these circumstances the home help plays an important part.

## PREVALENCE OF AND CONTROL OVER INFECTIOUS AND OTHER NOTIFIABLE DISEASES.

### Infectious Diseases.

*Scarlet Fever.* The number of cases notified totalled 99 as compared with 60 in 1957 and 41 in 1956; 31 of the cases were reported in Melford Rural District; 18 in Mildenhall Rural District; 11 in the Borough of Bury St. Edmunds and 16 in Cosford Rural District. In no other district did the number exceed four. There were no deaths and the disease continues to be of a mild clinical type.

*Whooping Cough.* A total of 133 cases was notified as compared with 485 in the previous year: 39 of these cases occurred in Melford Rural District; 27 in Cosford Rural District and 17 in Mildenhall Rural District. In the other districts no greater a number than 13 was notified. There were no deaths.

*Acute Poliomyelitis.* One case only was reported during 1958. This occurred in a child aged five living in Thingoe Rural District, and was non-paralytic. Last year 25 cases, 21 of which were paralytic, were notified.

*Measles.* 778 cases were notified as compared with 1,320 cases in 1957. The greatest number of cases notified (433) occurred in Mildenhall Rural District and all districts, except one, had varying numbers.

*Pneumonia (Acute primary or influenzal).* The number notified totalled 72, 28 of which occurred in Melford Rural District, a small decrease on 83 cases notified the previous year. Deaths from *all* forms of pneumonia totalled 66.

*Dysentery.* There was a considerable decline in the number notified, this being three as compared with 77 cases reported in 1957. The causal organism was again *s.sonnei*.

*Acute Encephalitis Lethargica.* One case was notified. This is the first case reported since 1952. The disease occurred in a child aged nine, who recovered, living in Sudbury.

*Typhoid.* Two cases were notified, the first since 1956. One case reported in Sudbury resulted from the consumption of oysters by a fisherman on an expedition in September to Mersea. The other case occurred in a woman in the Mildenhall area who was incubating the disease on arrival in this country from abroad.

*Erysipelas.* Nine cases were notified as compared with five last year.

*Meningococcal Infection.* Three cases were notified and all recovered. There were no cases in 1957.

*Food Poisoning.* Two cases were reported compared with one in 1957. They were both isolated cases due to infection by *Salmonella Typhimurium*. One case only was notified in the previous year.

*Puerperal Pyrexia.* 26 cases were notified as compared with 16 in the previous year.

*Ophthalmia Neonatorum.* One case of gonococcal ophthalmia was reported. Recovery was complete and there was no loss of vision.

*Infective Hepatitis.* One case only was reported compared with 50 in 1957.

### Vaccination and Immunisation.

The number of persons immunised or vaccinated during the year is as follows:—

				By County Staff.	By General Practitioners.	Total.
Immunisation for Diphtheria—						
Primary doses	..	..	..	25	38	63
Re-inforcing doses	..	..	..	145	94	239
				<hr/>	<hr/>	<hr/>
TOTAL	..	..	..	170	132	302
Immunisation for Diphtheria and Whooping Cough—						
Primary doses	..	..	..	360	1,043	1,403
Re-inforcing doses	..	..	..	51	247	298
				<hr/>	<hr/>	<hr/>
TOTAL	..	..	..	411	1,290	1,701

				<i>By County Staff.</i>	<i>By General Practitioners.</i>	<i>Total.</i>
Immunisation for Whooping Cough—						
Primary doses	..	..	..	2	42	44
Re-inforcing doses	..	..	..	—	—	—
				—	—	—
TOTAL	..	..	..	2	42	44
Vaccination against Smallpox—						
Vaccination	..	..	..	1	1,189	1,190
Re-vaccination	..	..	..	—	254	254
				—	—	—
TOTAL	..	..	..	1	1,443	1,444
Vaccination against Poliomyelitis—						
Primary doses	..	..	..	15,097	1,933	17,030
Re-inforcing doses	..	..	..	1,038	197	1,235
				—	—	—
TOTAL	..	..	..	16,135	2,130	18,265

The very large number of vaccinations against Poliomyelitis carried out as a result of the campaign launched by the Ministry of Health, by the staff of the Health Department, has taken up a considerable amount of their time, but the effort may be considered well worth while, having regard to the large proportion of the eligible population now protected from the disease.

#### Vaccination against Smallpox.

The following table shows the number of vaccinations and re-vaccinations against smallpox carried out under the approved scheme during the period 1954-58. The number of children under one year of age vaccinated is equivalent to 47.4 per cent. of the estimated child population under one year:

<i>Vaccination.</i>										
<i>Age at date of Vaccination.</i>	<i>Under 1</i>		<i>1-4</i>		<i>5-14</i>		<i>15 and over</i>		<i>Total</i>	
	<i>Primary</i>	<i>Re-vac.</i>	<i>Primary</i>	<i>Re-vac.</i>	<i>Primary</i>	<i>Re-vac.</i>	<i>Primary</i>	<i>Re-vac.</i>	<i>Primary</i>	<i>Re-vac.</i>
1954	748	—	76	15	13	28	57	144	894	187
1955	731	—	56	9	27	40	62	163	876	212
1956	868	—	65	13	30	28	49	228	1,012	269
1957	994	—	75	16	56	55	87	232	1,212	303
1958	953	—	55	12	24	38	57	204	1,089	254

### HEALTH EDUCATION.

Members of the staff continued to give talks and lectures on health subjects to members of the public through such organisations as Women's Institutes and Mothers' Unions, to members of the St. John Ambulance, British Red Cross Society, and the Civil Defence Corps, as part of their training and to the girls undergoing pre-nursing training at the Modern Secondary Schools. The health visitors undertook the Nursing Lectures in connection with the W.V.S. "One-in-Five" scheme.

Most of this work was undertaken out of working hours.

### INSPECTION AND SUPERVISION OF FOOD.

#### Milk Supply.

The sampling of milk for all those services for which the County Council is responsible, is carried out under the supervision of the County Medical Officer by Mr. D. Thompson, the Chief Sampling Officer, and Inspector of Weights and Measures and his staff.

#### Pasteurising Plants.

Six pasteurising plants remained licensed at the end of 1958. These plants were all inspected regularly by the Chief Sampling Officer and his staff. The following samples were taken:—

<i>No. of Samples Taken</i>	<i>Phosphatase Test</i>		<i>Methylene Blue Test</i>			<i>Failed Both Tests</i>
	<i>Passed</i>	<i>Failed</i>	<i>Passed</i>	<i>Failed</i>	<i>Not Tested</i>	
214	205	9	161	—	53	—



The failures recorded above, involving three plants, were due to underheating and post-pasteurisation contamination. These failures were followed up and appropriate advice given.

#### Sale of Infected Milk.

Samples were taken from 18 tuberculin-tested herds and 7 non-designated herds for biological tests and one failure was recorded. This was a sample of non-designated milk which contained brucella abortus.

Appropriate action was taken.

#### Milk in Schools.

One-third of a pint of milk (either pasteurised tuberculin-tested, pasteurised or tuberculin-tested) was available on every school day to every child attending a maintained school. On a day chosen at random in October, 13,057 children had milk, representing about 73 per cent. of the school population.

The following samples were taken:—

	<i>Passed</i>	<i>Failed</i>	<i>Invalid or Not Tested</i>	<i>Total</i>
<i>Pasteurised Milk:</i>				
Phosphatase Test .. ..	100	—	—	100
Methylene Blue Test .. ..	72	1	27	100
<i>Tuberculin Tested:</i>				
Biological Examination .. ..	2	—	—	2
Methylene Blue Test .. ..	2	—	—	2

The causes of the failure were investigated with the view of preventing recurrence.

#### Food and Drugs Act.

The Inspector of Weights and Measures and his staff took 510 samples of which 47 were found to be adulterated or not up to standard. The percentage of adverse reports was 9.2, an increase on that for the year 1957 which was 5.7.

Of the 16 samples of milk reported as below standard, five contained added water. All were from the same source. Informal sampling on one day disclosed water in two churns and, when formal sampling took place four days later, three churns contained added water. The farmer was fined £3 and £4 10s. costs.

Two samples of milk taken on the same day from different retailers supplied with bottled milk by a local pasteuriser were found to contain spiders. Action taken against the pasteuriser resulted in fines of £10 and 10/- costs.

The other milk samples found to be below standard were, on investigation, shown to be genuinely poor milk. Each producer was advised to consult the Milk Officer of the Ministry of Agriculture.

With regard to foods other than milk, some of the faults were due to faulty labelling and the packers were cautioned. Proceedings instituted against a firm of importers selling Pork Luncheon Meat deficient in pork meat resulted in a fine of £50 and £5 5s. costs.

A product sold as Marzipan was found deficient in almonds and the nut kernels used were not all almonds; in addition the article was not properly labelled. Total fines in this case amounted to £15.

A sample of Rose Hip tablets were deficient in Vitamin C, and a sample of Seaweed tablets from the same supplier failed to disclose the minerals present, though they were advertised as "containing all the elements which have been shown to play an important part in the physiological processes of man." Cautions were given in these cases.

Desiccated liver tablets each of which was stated to equal 1oz. of fresh liver were found to contain only 4 per cent. of the protein normally found in fresh liver. The advertising matter lead the purchaser to believe that "the valuable proteins were retained." A fine of £20 with £7 7s. costs was imposed.



Details of the samples taken are as follows:—

	<i>Number Taken.</i>	<i>Number Adulterated.</i>
Biscuits .. .. .	1	—
Bone and Vegetable Broth .. .. .	2	1
Bread .. .. .	2	—
Butter .. .. .	9	1
Cheese .. .. .	3	—
Cereals .. .. .	1	—
Coffee .. .. .	2	1
Colourings .. .. .	1	—
Condensed Milk .. .. .	2	—
Cream .. .. .	5	—
Dessicated Coconut .. .. .	1	—
Dried Fruit .. .. .	5	—
Drugs .. .. .	8	5
Fish Products .. .. .	4	—
Flour .. .. .	14	6
Fruit, Tinned .. .. .	4	1
Fruit Juice .. .. .	1	—
Fruit Syrup .. .. .	2	—
Glacé Cherries .. .. .	1	—
Honey .. .. .	1	—
Jam .. .. .	1	—
Jellies .. .. .	1	—
Lard .. .. .	3	—
Lemon Pie Filling .. .. .	1	1
Marzipan .. .. .	1	1
Meat Pies .. .. .	8	1
Meat Products .. .. .	20	11
Milk .. .. .	383	16
Preserves .. .. .	1	—
Sauces .. .. .	2	—
Sausages .. .. .	1	—
Seasoning .. .. .	1	1
Soft Drinks .. .. .	5	—
Soup .. .. .	4	—
Spice .. .. .	1	—
Stout .. .. .	1	—
Suet .. .. .	1	—
Sugar .. .. .	2	—
Sugar Confectionery .. .. .	2	—
Vinegar .. .. .	1	—
Wheat Germ Food .. .. .	1	1
	510	47

WELFARE OF THE AGED AND THE DISABLED.

Welfare Officers.

The field work was carried out by three welfare officers and an assistant welfare officer, who also acted as duly authorised officers, and a welfare officer for the blind.

The following visits were made:—

(a) Aged .. .. .	2,775
(b) Blind and Partially Sighted .. .. .	2,440
(c) Deaf and Hard of Hearing .. .. .	1,151
(d) Disabled (other than (b) or (c)).. .. .	875
(e) Others .. .. .	1,216
TOTAL .. .. .	8,457

Welfare of the Disabled.

The welfare services for the disabled continued to be provided directly in conformity with the Council’s schemes. In so doing close and friendly liaison was maintained with other statutory and voluntary agencies.

The post of additional occupational therapist could not be filled owing to the absence of candidates. About 120 persons were provided with occupational therapy and the high turnover of goods, mentioned in last year’s report, was maintained.

The numbers on the Registers at the 31st December, 1958, were:—

(a) Blind .. .. .	291
(b) Partially Sighted .. .. .	65
(c) Deaf .. .. .	52
(d) Hard of Hearing .. .. .	17
(e) Generally Handicapped .. .. .	135
Total number of persons registered .. .. .	560

NOTE: Where a person is registered under more than one heading, e.g., Blind and Hard of Hearing, only blindness, as the principal disability, has been counted for the purpose of the above figures.

The age groups of the persons shown above are:—

	0—15	16—64	65 and over	Total
Blind .. .. .	2	71	218	291
Partially Sighted .. .. .	3	26	36	65
Deaf .. .. .	11	37	4	52
Hard of Hearing .. .. .	—	7	10	17
Generally Handicapped .. .. .	—	114	21	135
TOTALS .. .. .	16	255	289	560

#### *Blind and Partially Sighted.*

Fifty-two new blind and 13 new partially-sighted persons, excluding transfers from other areas and including one recertification were registered during the year. Two persons died, one was de-certified and two transferred to other areas.

Details of the cause of defective vision of persons registered as blind or partially sighted and of those who received treatment are:—

(i) Number of cases registered during the year with recommendations as follows:—	Primary Cause of Disability			
	Cataract	Glaucoma	Retrolental Fibroplasia	Others
(a) No treatment	3	2	—	10
(b) Treatment (medical, surgical or hospital supervision) .. .. .	18	4	—	23
(ii) Number of cases at (i) (b) above which on follow-up action have received treatment .. .. .	12	4	—	10

The persons certified as being blind or partially sighted were referred to the Department by the following:—

General practitioners .. .. .	41
Medical source other than general practitioners .. .. .	6
National Assistance Board .. .. .	12
Lay sources other than National Assistance Board .. .. .	6

There were no new cases of blindness due to retrolental fibroplasia or ophthalmia neonatorum.

Under arrangements with the Norwich Institution for the Blind two basket makers were supervised and helped by the Institution. One home worker, a Braille copyist and piano tuner, worked as a copyist in the Home Workers' Scheme of the National Library for the Blind and an annual grant of £50 was paid to the Library on his behalf. From July the Council's augmentation of his income ceased upon his qualifying for a Retirement Pension under the National Insurance Acts. The Council continued to accept financial responsibility for the cost of providing sheltered employment in the Blind Workshop at Norwich for one woman as a machine knitter. Appropriate grants were received from the Ministry of Labour and National Service. Nine other persons were in remunerative employment, as follows:—1 basket worker, 1 carpenter, 1 domestic worker, 1 factory operative, 1 physiotherapist, 1 minister of religion, 2 telephone operators, 1 in miscellaneous work.

The Council discharged its responsibility for a placement service through the Royal National Institute for the Blind. Increased unemployment in the area produced real problems in making effective use of this arrangement. Excellent co-operation and help was received from the Group D.R.O. of the Ministry of Labour in this matter. On 31st December, 1958, there were 51 blind persons between the ages of 16 and 59.

Parties, social gatherings, excursions, holidays, etc., were arranged in conjunction with the Voluntary Association. Radio sets and talking books were also provided by the appropriate voluntary agencies.

Braille and Moon instruction was given to those blind persons able to receive, and benefit.

The West Suffolk Voluntary Association for the Blind again co-operated in the fullest manner in the promotion of blind welfare in the widest sense. They were able to use their voluntary funds for such objects as holidays, extra comforts and nourishment, the arranging of all types of social activities, the maintenance of radio sets and supervision of talking book machines, special gifts at Christmas, etc.

A grant was made to the National Library for the Blind in respect of their special services to registered blind persons (of whom there were nine at the year's end), and in some cases the Council bore the cost of postage on distributed reading matter.

**Deaf and Hard of Hearing.**

Close liaison with the Suffolk Mission to the Deaf was again a pleasing feature of the year's work among the deaf and hard of hearing. Whenever needed, the "specialist" services of the Superintendent Missioner and his staff were called upon with unfailingly helpful results. A grant of £100 was paid to the Mission.

**Disabled Persons (General) Classes.**

On 31st December there were 135 persons on the register of Disabled (General) Persons Classes. The disabilities were classified as follows:—

Amputations .. .. .	12
Arthritis and rheumatism .. .. .	17
Congenital malformations and deformities .. .. .	17
Diseases of the digestive and genito-urinary system; of the heart or circulatory system; of the respiratory system (other than tuberculosis) and of the skin .. .. .	17
Injuries of the head, face, neck, thorax, abdomen, pelvis or trunk. Injuries or diseases (other than tuberculosis) of the upper and lower limbs and of the spine .. .. .	14
Organic nervous diseases—epilepsy, disseminated sclerosis, poliomyelitis, hemiplegia, sciatica, etc. .. .. .	48
Neurosis, psychosis and other nervous and mental disorders not included in organic nervous diseases .. .. .	3
Tuberculosis (respiratory) .. .. .	7
Tuberculosis (non-respiratory) .. .. .	4
Diseases and injuries not specified above .. .. .	6

*Works of Adaptation.*

Three homes of handicapped persons were suitably adapted to facilitate their occupation by these persons. The cost was borne, in part, by the Council under the appropriate Scheme.

*Handicraft Instruction and Social Centres.*

Occupational therapy for permanently and substantially handicapped persons in their own homes, was kept at about the same level as reported last year. Very successful sales of work were arranged.

The Handicraft and Social Centre held monthly in this Department continued to function satisfactorily.

**Welfare of the Aged in the Community.**

Much was done to promote the welfare and well-being of the aged population, for example through the Home Nursing, Health Visiting and Home Help services, as well as the visiting of several aged persons by the welfare officers. Undoubtedly, the care and welfare of old people in the community presents one of the most formidable social problems confronting the responsible authorities, and the only way to tackle it is by the development of several complementary services within a generally agreed pattern. Here statutory and voluntary agencies have their parts to play, and close contact between them is essential.

One example of how this co-operation was practised in this County was the grant of £150 paid to the West Suffolk Old People's Welfare Association, which administers a number of services for the elderly. The Association provided a subsidised chiropody service for the less well-off members of the community; sponsored Old People's Clubs (which received special financial help from the Council), arranged holidays, staged a competition and exhibition of articles made by the elderly, and arranged visitation of some of them.

A grant was also made to the National Association of Almshouses.

Under the Council's Scheme for contributing towards the cost of the provision by District Councils of special housing with welfare services for the aged, grants were paid to Thingoe Rural District Council in respect of 15 units of accommodation.

**Residential Accommodation.**

Residential accommodation was directly provided at St. Mary's Hospital, Bury St. Edmunds, The Glanely Rest, Exning and Bristol House, Felixstowe. Accommodation for eight blind persons was given at "Cloncurry", Felixstowe. Other accommodation was provided at two Voluntary Societies' Homes in the County. A few other persons—disabled and otherwise—were accommodated in establishments administered by other voluntary organisations outside the County and other local authorities.



The new home “North Court”, at Bury St. Edmunds, for 42 aged and 16 blind persons was nearing completion, and preliminary preparations were being made for its furnishing and equipping in readiness for occupation later in 1959.

On the 31st December, 1958, residential accommodation was provided as follows:—

St. Mary's Hospital, Bury St. Edmunds	..	..	..	..	..	147
The Glanely Rest, Exning	..	..	..	..	..	56
Bristol House, Felixstowe	..	..	..	..	..	42
Red House, Sudbury	..	..	..	..	..	13
Manson House, Bury St. Edmunds	..	..	..	..	..	1
“Cloncurry,” Felixstowe	..	..	..	..	..	9
Homes for Epileptics	..	..	..	..	..	5
Homes for Deaf and Dumb Women	..	..	..	..	..	1
Maintained in other Local Authorities' Homes	..	..	..	..	..	1
Other Voluntary Homes	..	..	..	..	..	6
						<hr/> 281 <hr/>

*Registered Homes for the Aged and Disabled.*

Seven Homes for the Aged, accommodating some 87 persons, were registered under Section 37 of the National Assistance Act, 1948. There were no Homes for Disabled persons registered.

*Temporary Accommodation.*

Temporary accommodation for two families—one evicted for non-payment of rent and the other made homeless by fire—comprising three adults and 14 children, was provided at St. Mary's Hospital, Bury St. Edmunds.

*Protection of Movable Property.*

The Council again discharged its duties under Section 48 of the National Assistance Act, 1948, for the protection of movable property of persons admitted to hospitals, accommodation provided under Part III of the 1948 Act, and other accommodation provided under Section 47 of that Act.



**TABLE I.**  
**TUBERCULOSIS NOTIFICATIONS—RATE PER 1,000 POPULATION.**

<i>Year</i>	Population	<i>Pulmonary</i>			<i>Rate</i>			<i>Non-Pulm.</i>			<i>Rate</i>		
		<i>M.</i>	<i>F.</i>	<i>T.</i>	<i>M.</i>	<i>F.</i>	<i>T.</i>	<i>M.</i>	<i>F.</i>	<i>T.</i>	<i>M.</i>	<i>F.</i>	<i>T.</i>
1934	104,250	40	51	91	.38	.48	.87	29	13	42	.27	.12	.40
1935	103,900	34	49	83	.32	.47	.79	12	10	22	.11	.09	.21
1936	103,610	42	29	71	.40	.27	.62	18	19	37	.17	.18	.35
1937	102,890	40	41	81	.38	.39	.78	20	19	39	.19	.18	.37
1938	103,290	34	48	82	.33	.46	.79	11	14	25	.10	.13	.24
1939	105,590	41	40	81	.38	.37	.76	17	10	27	.16	.09	.25
1940	108,600	32	36	68	.29	.33	.62	16	8	24	.14	.07	.22
1941	114,630	52	41	93	.45	.35	.81	23	19	42	.20	.16	.36
1942	109,900	42	45	87	.38	.40	.79	13	24	37	.11	.21	.33
1943	109,940	52	36	88	.47	.32	.80	22	16	38	.20	.14	.34
1944	108,020	42	41	83	.38	.37	.76	16	21	37	.14	.19	.34
1945	105,060	50	47	97	.47	.44	.92	16	15	31	.15	.14	.29
1946	106,080	43	41	84	.40	.38	.79	17	19	36	.16	.17	.33
1947	107,580	52	48	100	.48	.44	.92	10	11	21	.09	.10	.19
1948	111,984	45	42	87	.40	.37	.77	16	10	26	.14	.08	.23
1949	112,278	51	32	83	.45	.28	.73	5	10	15	.04	.08	.13
1950	116,514	57	51	108	.48	.43	.92	11	12	23	.09	.10	.19
1951	124,200	50	54	104	.40	.43	.83	9	15	24	.07	.12	.19
1952	128,900	31	31	62	.24	.24	.48	8	16	24	.06	.12	.18
1953	125,600	28	19	47	.21	.15	.37	6	10	16	.04	.08	.12
1954	124,500	31	25	56	.25	.20	.45	2	8	10	.02	.06	.08
1955	123,900	21	18	39	.17	.15	.31	1	3	4	.01	.02	.03
1956	125,100	15	13	28	.12	.10	.22	9	7	16	.07	.03	.10
1957	125,300	22	25	47	.18	.19	.36	8	5	13	.06	.04	.10
1958	126,900	19	17	36	.15	.13	.28	2	5	7	.02	.04	.06

**TABLE II.**  
**TUBERCULOSIS MORTALITY—RATE PER 1,000 POPULATION.**

<i>Year</i>	Population	<i>Pulmonary</i>			<i>Rate</i>			<i>Non-Pulm.</i>			<i>Rate</i>		
		<i>M.</i>	<i>F.</i>	<i>T.</i>	<i>M.</i>	<i>F.</i>	<i>T.</i>	<i>M.</i>	<i>F.</i>	<i>T.</i>	<i>M.</i>	<i>F.</i>	<i>T.</i>
1934	104,250	30	26	56	.28	.24	.52	9	7	16	.08	.06	.15
1935	103,900	31	27	58	.29	.25	.55	5	3	8	.04	.02	.07
1936	103,610	24	19	43	.23	.18	.41	7	5	12	.06	.04	.11
1937	102,890	14	16	30	.13	.15	.29	4	5	9	.03	.04	.08
1938	103,290	26	18	44	.25	.17	.42	3	4	7	.02	.03	.06
1939	105,590	31	20	51	.29	.18	.48	3	6	9	.02	.05	.08
1940	108,600	20	14	34	.18	.12	.31	5	4	9	.04	.03	.08
1941	114,630	26	23	49	.22	.20	.42	8	5	13	.06	.04	.11
1942	109,900	23	18	41	.20	.16	.37	5	7	12	.04	.06	.10
1943	109,940	20	13	33	.18	.11	.30	7	6	13	.06	.05	.12
1944	108,020	16	12	28	.15	.10	.26	6	4	10	.05	.03	.09
1945	105,060	15	11	26	.14	.10	.24	5	5	10	.04	.04	.09
1946	106,080	15	11	26	.14	.10	.24	4	5	9	.03	.04	.08
1947	107,580	14	16	30	.13	.14	.27	3	1	4	.02	.009	.03
1948	111,984	16	16	32	.14	.14	.28	5	6	11	.04	.05	.09
1949	112,278	15	11	26	.13	.09	.23	6	2	8	.05	.01	.07
1950	116,514	10	7	17	.08	.06	.14	3	3	6	.025	.025	.05
1951	124,200	11	12	23	.08	.09	.18	2	2	4	.015	.015	.03
1952	128,900	11	7	18	.08	.05	.13	1	1	2	.007	.007	.015
1953	125,600	9	1	10	.07	.01	.08	2	1	3	.01	.01	.02
1954	124,500	6	3	9	.05	.02	.07	—	—	—	—	—	—
1955	123,900	4	2	6	.03	.02	.05	—	—	—	—	—	—
1956	125,100	9	3	12	.07	.02	.09	1	—	1	.01	—	.01
1957	125,300	3	1	4	.02	.01	.03	—	2	2	—	.02	.02
1958	126,900	1	—	1	.01	—	.01	—	—	—	—	—	—

The following table shows the mortality from tuberculosis expressed as a percentage of the total mortality:—

TABLE III.

<i>Year.</i>	<i>Deaths from Tub.</i>	<i>Deaths from all causes.</i>	<i>Percentage</i>
1934	72	1,362	5.28
1935	66	1,357	4.86
1936	55	1,402	3.92
1937	39	1,397	2.79
1938	51	1,325	3.84
1939	60	1,438	4.17
1940	43	1,576	2.72
1941	62	1,569	3.95
1942	53	1,482	3.57
1943	46	1,497	3.07
1944	38	1,454	2.61
1945	36	1,396	2.57
1946	35	1,350	2.59
1947	34	1,499	2.26
1948	43	1,356	3.17
1949	34	1,489	2.28
1950	23	1,444	1.59
1951	27	1,595	1.69
1952	20	1,463	1.36
1953	13	1,419	.91
1954	9	1,428	.63
1955	6	1,402	.43
1956	13	1,496	.87
1957	6	1,345	.45
1958	1	1,437	.07



